



The Carolinas Center *for* Medical Excellence

100 Regency Forest Drive, Suite 200, Cary, NC 27518-8598 • 919.380.9860 • 800.682.2650 • www.thecarolinascenter.org

PRIOR AUTHORIZATION OF OUTPATIENT SPECIALIZED THERAPIES

I, _____, request to be the Provider Administrator for
Name of Requestor

_____, Medicaid Provider # _____.
Name of Organization

I understand that I will be responsible for the following:

- Determine which users at the organization should have access to the Prior Authorization Web site and grant them access to the system
- Deactivate users who no longer require access to the Web site for their job responsibilities or have left the organization
- Monitor Web site usage at the organization to maintain proper security and confidentiality measures
- Act as the point of contact at the organization for information regarding Prior Authorization.

I understand that as a security measure, CCME may contact me on a future date to verify my position and those individuals I have registered as users under the organization's provider number.

Name

Title

Date

Complete the Provider Administrator Registration Form and mail or fax both documents to:

The Carolinas Center for Medical Excellence
ATTN: Prior Authorization Web site
100 Regency Forest Drive, Suite 200
Cary, NC 27518
FAX: 800-228-1437

Please allow five (5) business days to process. Registration confirmation and Web site log on information will be returned via mail.



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Registration Form for Website Access Provider Administrator

*** All fields marked with an asterisk are required and must be completed to obtain access**

*Date of Request:			
*First Name:	Middle Initial:	*Last Name:	
*Job Title:			
*Provider Name:		*Medicaid Billing Provider #:	
National Provider Identifier (NPI):			
*Provider Address:			
State	Zip	Street	City
* E-Mail Address:			
*Phone#: ()	Extension:	*Fax #: ()	
<div>*Security Question (answer all three): Mother's Maiden Name: _____ City of Birth: _____ Name of High School: _____</div>			

Contact Information for Prior Approval Outcomes/Questions

Contact information can be the same or different from above information, but all communication from CCME will be via the e-mail address, fax and/or phone # listed below

* E-Mail Address:		
*Phone#: ()	Extension:	*Fax #: ()